



## APPLICATION FOR CERTIFICATION

### Safety Consultant / Safety Engineer

Pursuant to RSMo 287.123 and 8 CSR 50-7.060 the following information is required in order to process an application for certification of Safety Engineers and Consultants. If applicant is found qualified for certification the Missouri Workers' Safety Program will provide a letter which states the individual has met the qualification for inclusion on the Registry of Safety Engineers and Consultants. When applying for certification as a safety engineer, applicant must be licensed by the Missouri Board for Architects, Engineers and Land Surveyors.

#### PART I: PERSONAL INFORMATION

|  |  |  |
|--|--|--|
| APPLICATION FOR:<br><input type="checkbox"/> Safety Engineer <input type="checkbox"/> Safety Consultant  |  | DATE   |
| NAME   |  | PRESENT EMPLOYER   |
| DATE OF BIRTH  | SEX<br><input type="checkbox"/> Male <input type="checkbox"/> Female               | TITLE OF POSITION  |
| HOME ADDRESS (Street, City, State, Zip)  |  | BUSINESS ADDRESS (Street, City, State, Zip)  |
| HOME PHONE   |  | BUSINESS PHONE   |
| FAX  | E-MAIL   |  |
| Do you prefer to receive correspondence at: <input type="checkbox"/> Home <input type="checkbox"/> Work  |  |  |
| Have you been a defendant in a civil suit involving your professional activity or conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | <b>If "Yes," you must provide a certified copy of the judgment. If the case is not final, you must provide a certified copy of the complaint and the clerk's docket sheet.</b> |
| Are you a United States Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Are you a legal alien?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been convicted of a felony during the 10 years proceeding this application? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |
| Upon certification, your name will be placed on the Missouri Registry of Safety Professionals. The Registry is available upon request to any Missouri employer. Employers will often use the Registry as a resource when seeking consultation services. Do you wish to be identified as an available consultant/engineer? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| If "Yes," please provide your area(s) of expertise:  |  |  |

#### PART II: PROFESSIONAL REGISTRATION OR CERTIFICATION

Please check each applicable item. Enclose a copy of current registration or certification. Information is subject to verification by the Missouri Workers' Safety Program.

|  |                |           |
|--|----------------|-----------|
| <input type="checkbox"/> Registered Professional Engineer        | REGISTRATION # | STATE     |
| <input type="checkbox"/> Certified Safety Professional           | CERTIFICATE #  | ISSUED BY |
| <input type="checkbox"/> Certified Industrial Hygienist          | CERTIFICATE #  | ISSUED BY |
| <input type="checkbox"/> Certified Occupational Health Nurse     | CERTIFICATE #  | ISSUED BY |
| <input type="checkbox"/> Certified Occupational Health Physician | CERTIFICATE #  | ISSUED BY |

**PART III: COLLEGE EDUCATION**

The applicant is responsible for requesting and submitting an authenticated copy of their diploma/certificate OR transcript from each college or university. Transcripts must be received by the Missouri Workers' Safety Program directly from the college or university.

| College University | City and State | Attended From/To | Hours Completed | Major | Degree Earned |
|--------------------|----------------|------------------|-----------------|-------|---------------|
|                    |                |                  |                 |       |               |
|                    |                |                  |                 |       |               |
|                    |                |                  |                 |       |               |

- ☐ Check here if you are requesting an exemption from academic requirements. Be sure Part IV of this application shows three current/consecutive years of safety related consultation/work experience. Attach additional sheets as needed.

**PART IV: OCCUPATIONAL SAFETY AND HEALTH EXPERIENCE**

Employers may be contacted to verify information provided. List each position in chronological order beginning with your present position. Account for all occupational safety and health experience in the last three years. Attach additional sheets if necessary.

|                          |       |                           |  |
|--------------------------|-------|---------------------------|--|
| EMPLOYER                 |       | ADDRESS                   |  |
| DATE OF EMPLOYMENT<br>to | TITLE | TYPE OF BUSINESS          |  |
| SUPERVISOR'S NAME        |       | SUPERVISOR'S PHONE NUMBER |  |

| DESCRIPTION OF EXPERIENCE                        | INDICATE THE PERCENTAGE OF TIME SPENT IN THE FOLLOWING AREAS<br>(Total shall not exceed 100%) |
|--|---|
| Safety Health Administration and Management      | _____   |
| Safety Health Training and Education             | _____   |
| Accident Investigation and Statistical Reporting | _____   |
| Safety Health Program Evaluation                 | _____   |
| Safety Health Program Design                     | _____   |
| Hazard Identification                            | _____   |
| Hazard Elimination and Control                   | _____   |
| Environmental Protection                         | _____   |
| Other (describe) _____                           | _____   |

For the three areas in which you spend the most time, provide a brief description of your duties and give specific examples.

|  |       |  |                  |
|--|-------|--|------------------|
| EMPLOYER   |       | ADDRESS  |                  |
| DATE OF EMPLOYMENT<br>to   | TITLE |  | TYPE OF BUSINESS |
| SUPERVISOR'S NAME  |       | SUPERVISOR'S PHONE NUMBER  |                  |
| DESCRIPTION OF EXPERIENCE  |       | INDICATE THE PERCENTAGE OF TIME SPENT IN THE FOLLOWING AREAS<br>(Total shall not exceed 100%.) |                  |
| Safety Health Administration and Management  |       | _____  |                  |
| Safety Health Training and Education   |       | _____  |                  |
| Accident Investigation and Statistical Reporting   |       | _____  |                  |
| Safety Health Program Evaluation   |       | _____  |                  |
| Safety Health Program Design   |       | _____  |                  |
| Hazard Identification  |       | _____  |                  |
| Hazard Elimination and Control   |       | _____  |                  |
| Environmental Protection   |       | _____  |                  |
| Other (describe) _____   |       | _____  |                  |
| For the three areas in which you spend the most time, provide a brief description of your duties and give specific examples. |       |  |                  |
|  |       |  |                  |

|  |       |   |  |
|--|-------|---|--|
| EMPLOYER   |       | ADDRESS   |  |
| DATE OF EMPLOYMENT<br>to   | TITLE | TYPE OF BUSINESS  |  |
| SUPERVISOR'S NAME  |       | SUPERVISOR'S PHONE NUMBER   |  |
| DESCRIPTION OF EXPERIENCE<br><br>Safety Health Administration and Management<br>Safety Health Training and Education<br>Accident Investigation and Statistical Reporting<br>Safety Health Program Evaluation<br>Safety Health Program Design<br>Hazard Identification<br>Hazard Elimination and Control<br>Environmental Protection<br>Other ( <i>describe</i> ) _____ |       | INDICATE THE PERCENTAGE OF TIME SPENT IN THE FOLLOWING AREAS<br><i>(Total shall not exceed 100%.)</i><br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |  |
| For the three areas in which you spend the most time, provide a brief description of your duties and give specific examples.   |       |   |  |

I certify that the statements above, including any attachments submitted, are accurate to the best of my knowledge. I hereby authorize the Missouri Workers' Safety Program to verify any information submitted. I understand that any falsification of information in the application, or statements, may be cause for rejection or withdrawal of certification. I further agree to hold the Missouri Workers' Safety Program harmless from any and all liability in the event this application is rejected on the basis of information furnished to the Missouri Workers' Safety Program by me or third persons which would, in the judgment of the Missouri Workers' Safety Program, make me ineligible for certification.

|   |                        |
|---|------------------------|
| _____<br>SIGNATURE                        | Notary Seal            |
| _____<br>SOCIAL SECURITY NUMBER      DATE | Notary Signature _____ |

**SIGNATURE MUST BE NOTARIZED**